

# MT. VERNON SCHOOL

## APPLICATION INSTRUCTIONS

Mt. Vernon welcomes your application for admission. Please read the following general instructions before completing the application packet.

**The following data MUST be attached to the application packet:**

1. Application for Admission Sheet
2. Teacher Observation Forms
3. Student/Family Information Form
4. Copy of the SST Action Plan
5. Copy of any psychological referral / special education testing information
6. Student Test / EOG Record
7. Attendance Record
8. Report Card for current and previous year
9. Copies of any suspension or discipline notices

Please make ***FIVE COLLATED copies*** of the complete application package.

Applications can be dropped off, mailed (no email accepted) or couriered to:

Mt. Vernon School, 5418 Chapel Hill Rd, Raleigh, NC 27607.

### **The Admission Process**

Applications for admission are reviewed on an alternate week rotation. After receipt of the full application packet, Mt. Vernon will contact the referring school to schedule a review session. If the student is accepted, Mt. Vernon will schedule a student/parent orientation date and notify the referring school. **The referring school will arrange for the student and parent to attend the orientation session. Parent attendance at this orientation session is REQUIRED to enroll the student at Mt. Vernon.**

Any student referrals received **after the 3<sup>rd</sup> Quarter** of the school year will be considered for the next school year. Intake Hearings for these referrals will be scheduled the week after the close of the current school year.

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**MOUNT VERNON SCHOOL  
APPLICATION FOR ADMISSION**

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**Entire form MUST be completed**

Present School \_\_\_\_\_ Date \_\_\_\_\_

Student \_\_\_\_\_ NCWISE # \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Race \_\_\_\_\_

Mother \_\_\_\_\_ Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

Father \_\_\_\_\_ Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

Home Address \_\_\_\_\_

Date Parents were notified about referral \_\_\_\_\_

Person Making Referral \_\_\_\_\_ Position \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Description of student's behaviors \_\_\_\_\_

\_\_\_\_\_

Summary of efforts/interventions with student (parent contacts, counselor involvement, SST....)

\_\_\_\_\_

Positive behaviors of the student \_\_\_\_\_

\_\_\_\_\_

Days Absent present school year \_\_\_\_\_ Days Absent last year \_\_\_\_\_

Has this student ever been retained (list grades) \_\_\_\_\_

Does the student have an IEP (specify area of eligibility) \_\_\_\_\_

Is the student being referred for special education (specify) \_\_\_\_\_

Circle any agencies involved with this child:      Mental Health      Juvenile Court      DSS

Agency and Contact \_\_\_\_\_



## Family/Student Information for Mt Vernon School

(Referring School: Please interview student and family)

Student Name \_\_\_\_\_ Date \_\_\_\_\_

With whom does student reside? Please indicate name(s) of adults, siblings and other household members and their relationship to student.

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If student is not living with both birth parents, where does non-custodial parent live and describe visitation/relationship, if any.

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Is there any other person(s) significantly involved with the child? (Adults, peers, other family members, etc.) \_\_\_\_\_

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What are student's perceptions of his/her reading skills and strengths?

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What activities does the student enjoy?

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What are the student's perceived competencies? (What do they think they do well?)

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What are the student's goals for the future?

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What do parents see as the child's difficulties at school?

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Does anyone in the family have a court history?  Yes  No If yes, please explain.

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Does anyone in the family have a history of substance abuse, mental illness or a physical illness?

Yes  No If yes, please explain.

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Please indicate if child has any medical problems (Example: allergies, seizures, meningitis, asthma, diabetes, etc.) \_\_\_\_\_

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Has student ever been on medication or is he/she presently taking medication?

Yes  No If yes, name of medication. \_\_\_\_\_

Is the medication current? \_\_\_\_\_